

GUIDELINES FOR SUBMITTING EVIDENCE OF INSURANCE TO THE CITY OF GLENDALE FINANCE – PURCHASING SECTION

1. City's insurance required standard limits are as follows:

- **General Liability**

- \$1,000,000 Each Occurrence
- \$1,000,000 Personal & Advertising Injury
- \$2,000,000 General Aggregate
- \$1,000,000 Products Completed
- These limits may be increased based on the scope of work or services being provided as determined by the City Attorney and or by City's Risk Management Section.

- **Auto Liability**

- \$1,000,000 Per Occurrence for bodily injury (including accidental death) to any one person.
- \$1,000,000 Per Occurrence for Property Damage
- Or
- \$2,000,000 Combined Single Limit
- These limits may be increased based on the scope of work or services being provided as determined by the City Attorney and or by City's Risk Management Section

- **Workers' Compensation**

- \$1,000,000 Per Accident for bodily injury or disease
- \$1,000,000 Per Employee for bodily injury or disease
- \$1,000,000 Policy Limit
- *Sole Proprietors may sign the Workers' Compensation Exemption form in order to meet this requirement (available below).*

*****Please be advised that these limits may differ or additional coverage may be required if you have a Contract, Professional Service Agreement, or Service Agreement with the City of Glendale*****

2. You must submit to the City a "Certificate of Insurance" from your insurance company for all insurance coverage(s) required by the City. In addition, you must submit an "Additional Insured Endorsement" for the General Liability & Automobile Liability insurance. The Additional Insured Endorsement should include the insurance policy number and show "*The City of Glendale, its officers, agents, employees and volunteers are included as additional insured's*" or as required by written contract. Primary Non Contributory coverage including a waiver of subrogation are required either by Endorsement(s) or providing the Policy which provides this coverage to the City (Policy Number shall be shown on each Endorsement and or Policy page).

Workers' Compensation coverage shall also provide a waiver of subrogation against the City of Glendale; its Officers Agents, Employees and Volunteers. All Certificates of Insurance, Endorsements utilizing ISO carrier approved endorsements or the City's L-15 Special Endorsement (available below) may be signed by the broker or carrier.

3. All submitted insurance documents are subject to the City's review and approval by either City of Glendale's Risk Manager and or the City Attorney.
4. The City requires you to obtain all coverage's from Insurer(s) that are "admitted" insurers in the State of California; domiciled within, and organized under the laws of, a state of the United States, and with an A.M. Best & Company minimum rating of "A:VII." Insurer(s), which are domiciled in Canada or a member of the Lloyd's Insurance Syndicate based in London England, will be accepted. Insurer(s) domiciled outside the United States, Canada or not part of the Lloyds of London Syndicate will not be accepted.
5. The company issuing the insurance policy or an authorized representative who has the authority to bind the insurance company must sign and date both the "Certificate" and all Endorsements".
6. To assist you in the process of obtaining the appropriate insurance documents, sample documents are attached to this document. You may provide these insurance requirements to your insurance agent or broker to assist them in providing the correct insurance documents to the City.
7. The City Attorney's Office or Risk Management must review all insurance documentation for compliance with the City's insurance requirements. Please allow 2 to 3 business days for this process.
8. Please return all insurance certificates and endorsements to the Purchasing section for processing.
9. It is the Vendor's responsibility to provide the City with current Insurance Certificate(s) and all required Endorsements for each line of required insurance. Insurance which becomes expired must have new Certificate(s) and Endorsements submitted in a timely manner for approval by the City as stipulated above. Failure to do so will cause payments to be withheld.

**GENERAL LIABILITY/AUTOMOBILE LIABILITY
SPECIAL ENDORSEMENT
FOR THE CITY OF GLENDALE**

PERMIT/PO/SA/SPECIFICATION/CONTRACT NUMBER:

This endorsement modifies insurance provided under the following:

☐ COMMERCIAL GENERAL LIABILITY INSURANCE COVERAGE PART

☐ AUTOMOBILE LIABILITY INSURANCE COVERAGE PART

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or in any endorsement which now or later attaches to the policy, the Company agrees as follows:

ADDITIONAL INSURED: The City of Glendale, its officers, agents and employees are included as additional insureds, with respect to liability and defense of claims and suits arising out of the operations and uses performed by or on behalf of the named insured.

CONTRIBUTION WAIVED: This insurance is primary. The City of Glendale's insurance program shall be excess of this insurance. The Company shall not seek contribution from the City and its insurers.

SEPARATION OF INSURED: This insurance applies separately to each insured against whom claim is made or suit is brought, except that the naming of multiple insureds shall not increase the Company's limits of liability. The inclusion of any person, organization, firm or entity as an insured under the policy shall not affect any right which such person, organization, firm or entity would have as claimant if not so included.

CANCELLATION NOTICE: If the Company elects to cancel or terminate this insurance before the stated expiration date, or declines to renew a continuous policy, or reduces the stated limits other than by impairment of an aggregate limit, the Company shall mail written notice to the City at least 30 days in advance of such election. For non-payment of premium, the Company shall give the City at least 10 days advance written notice of cancellation or termination.

Except as stated above, all other endorsements, provisions, conditions, limits and exclusions of this insurance shall remain unchanged.

COMMERCIAL GENERAL LIABILITY POLICY NUMBER:

AUTOMOBILE LIABILITY POLICY NUMBER:

By my signature on this endorsement, I warrant that I have authority to bind the insurance company and do so bind the company to this endorsement:

AUTHORIZED REPRESENTATIVE SIGNATURE:

DATE SIGNED:

WORKERS' COMPENSATION INSURANCE

I am aware of the provisions of Labor Code Section 3700 which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code.

CHECK ONE:

_____ I affirm that I will comply with the Labor Code provisions before starting or performing any work of this Purchase Order, Service Agreement, Professional Services Agreement, or Contract. I have a certificate of consent to self-insure, or a certificate of workers' compensation insurance, and I shall give it to the City before I perform the work.

_____ I affirm that at all times, in performing the work of this Purchase Order, Service Agreement, Professional Services Agreement, or Contract, I shall not employ any person in any manner so that I become subject to the workers' compensation laws of California. However, at any time, if I employ any person such that I become subject to the workers' compensation laws of California, immediately I shall give the City a certificate of consent to self-insure, or a certificate of workers' compensation insurance.

Signed this _____ day of _____, 20_____,
at _____, California.

VENDOR / CONTRACTOR / CONSULTANT:

By: _____

Signature

Name

Title

Company Name



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
INSURED	THIS IS A SAMPLE COPY ONLY	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> CLAIMS-MADE					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Glendale
Purchasing Section
141 N. Glendale Avenue #346
Glendale, CA 91206

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

POLICY NUMBER: **SAMPLE**

COMMERCIAL GENERAL LIABILITY
CG 20 10 10 01

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

The City of Glendale, its officers, agents, employees and volunteers are included as additional insured's.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II – Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

(1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or

(2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<div style="border: 1px solid red; padding: 10px; color: red;">The City of Glendale, its officers, agents, employees and volunteers are included as additional insured's.</div>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

POLICY NUMBER: **SAMPLE**

COMMERCIAL AUTO
CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By: <div style="text-align: right;"><small>(Authorized Representative)</small></div>
Named Insured:	

SCHEDULE

Name of Person(s) or Organization(s):

The City of Glendale its officers, agents, employees and volunteers are included as additional insureds.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.